



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hakan Ozdemir

Title:

CIRCUIT AND METHOD FOR DETECTING THE PHASE OF  
A SERVO SIGNAL

Serial Number:

09/993,779

Filing Date:

November 5, 2001

Examiner/Unit:

Glenda Rodriguez /2651

Attorney Docket No.: 01-S-046 (1678-48)

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MAR 16 2004

Technology Center 2600

#9/a  
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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 8<sup>th</sup> day of March, 2004.

  
Signature

AMENDMENT/RESPONSE

Sir:

In response to the Office Action of November 6, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 14 of this paper.



2651/#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Title: CIRCUIT AND METHOD FOR DETECTING THE PHASE OF  
A SERVO SIGNAL  
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Signature

TRANSMITTAL LETTER

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

\_\_\_\_ The fee has been calculated as shown below:

XX No additional claim fee is required.

Computation of Fee  
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	49	Minus	49	=	0 x	\$18/\$9 =	\$-0-
Independent Claims	14	Minus	14	=	0 x	\$86/\$43 =	\$-0-
Total additional fee for this amendment							\$-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ for the additional claim fee is enclosed.

\_\_\_\_\_ Charge \$\_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.


XX A Request for Extension of Time for one month with Check No. 21839 for \$110 is enclosed.

XX An Information Disclosure Statement w/reference (1) is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

  
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